

## ENCLOSURE 5

### **DEFENSE SECURITY SERVICE REQUEST FOR RECONSIDERATION**

#### PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 13164; 29 U.S.C., Section 791, et. seq.; 42 U.S.C., Sections 12101, et. seq., 12201-12204, and 12210; 29 C.F.R., Part 1630.

PRINCIPAL PURPOSE(S): To collect personal information from an employee/applicant to assist with a request for reconsideration of a denial of a request for reasonable accommodation and collection of required statistical data regarding requests for reasonable accommodation and reconsider of those requests.

ROUTINE USE(S): To the Department of Defense and EEOC in instances where an employee/applicant requests reconsideration of a denial of a request for reasonable accommodation.

DISCLOSURE AND EFFECT ON THE INDIVIDUAL OF NOT PROVIDING INFORMATION: Voluntary; however, failure to provide the requested information may hinder the ability to provide a complete or adequate accommodation and fully contemplate the request for reconsideration.

#### **Applicant or Employee complete sections 1 - 5**

1. Employee \_\_\_\_\_ Applicant \_\_\_\_\_ (check one)

Name:

Signature:

Date:

If you are completing for employee/applicant, provide your name, address & telephone and relationship to employee/applicant:

Employee/Applicant Work Telephone Number

Employee/Applicant Office & Address

Employee/Applicant Home Telephone Number

Employee/Applicant Home Address

Employee/Applicant Series/Grade Level

Initial Date of Request for Accommodation

Date Request Form (DSS 236) Provided to  
Deciding Official

Date of Denial of Request for Accommodation

2. **REASON(S) FOR RECONSIDERATION.** (Be as specific as possible, e.g., why you think the denial of your request for reasonable accommodation should be granted). You may provide additional information to support your request.

(Attach Additional Information if Necessary)

3. **PLEASE ATTACH A COPY OF REQUEST FOR REASONABLE ACCOMMODATION (DSS 236) AND NOTICE OF DENIAL (DSS 237) TO THIS FORM.**

4. You should first request reconsideration from the original Deciding Official. If the request is denied, you may request further reconsideration to the Director, Office of Diversity Management (EEO).

5. This request is being forwarded to: \_\_\_\_\_ Original Deciding Official  
\_\_\_\_\_ Director, EEO

#### **Deciding Official/EEO office complete section 6 – 7 and review section 8 with employee/applicant**

6. Deciding Official/EEO office representative

Name:

Signature:

Date:

Office & Address

Telephone Number

Date Received Request for Reconsideration

**DSS Form 238, Oct. 5, 2001**

(see: Procedures for Providing Reasonable Accommodation for Employees or Applicants with Disabilities)

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### 7. DECISION REGARDING RECONSIDERATION.

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied**

If denying, provide the specific detailed reasons for denying this request for reconsideration:

(Attach Additional Information if Necessary)

### 8. APPELLATE RIGHTS (Deciding Officials must inform employee/applicant of these rights):

If the Deciding Official does not reverse her/his decision, the employee/applicant can request further reconsideration from the Director, Office of Diversity Management (EEO). If this is a denial of a request for reconsideration from the EEO office, then the agency decision is final.

Other Rights: If an individual desires to file an EEO complaint, or other statutory processes as appropriate, s/he must take the following steps:

For an EEO complaint pursuant to 29 C.F.R., Part 1614: contact an EEO counselor in the EEO Office within 45 days from the date of receipt of the written notice of denial of request for reasonable accommodation;

For an appeal to the MSPB pursuant to 5 C.F.R., Part 1201: initiate an appeal within 30 days of the effective date of an appealable adverse action as defined in 5 C.F.R., Part 1201.3.

For utilizing ADR: initiate a request through the EEO Office for use of the Alternative Dispute Resolution (ADR) process.